

Exhibit 3A

January 2, 2020 INOVA Admission Summary

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

Your Admission - 01/02/20

Notes

Notes From Your Visit

Trevor D Talbert, MD at 1/2/2020 1:21 PM

Status: Signed

This patient was seen by me in triage and initial testing was ordered based on presenting complaint. Care was expedited. I am not the primary provider for this patient.

Sent for recent diagnosis of new optic neuritis. Neurology consult requested

Talbert, Trevor D, MD
01/02/20 1322

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Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

Your Admission - 01/02/20

Admission Summary

Discharge Instructions

AVS - DISCHARGE INSTRUCTIONS



Zackary E. Sanders MRN: 02378093

Recurrent optic neuritis 1/2/2020 - 1/4/2020 Inova Fairfax Hospital North Tower 9 FAIRFAX HOSPITAL 703-776-4001

AFTER VISIT SUMMARY (AVS)

Most Important Things To Do



- ☐ Do
Schedule an appointment with Rahul H Dave, MD PhD as soon as possible for a visit in 2 week(s)
Inova Medical Group - Neurology II
703-280-1234

Doctor in charge of your hospital stay

No att. providers found

What's next

Follow up with PCP None, MD

Schedule an appointment with Rahul H Dave, MD PhD
as soon as possible for a visit in 2 week(s)

Inova Medical Group
Neurology II
8505 Arlington Blvd
450
Fairfax VA 22031-4630
703-280-1234

You are allergic to the following

No active allergies

Immunizations Administered for This Admission

No immunizations on file.

Discharge Medication List as of January 4, 2020 2:47 AM

ⓘ Medication Lists help reduce medication errors and help prevent harmful drug interactions. Please maintain and update your medication list and share it with your health care providers at every visit.

	Instructions	AM	Noon	PM	Bed	As Needed
amoxicillin-clavulanate 875-125 MG per tablet Common Name: AUGMENTIN	Take 1 tablet by mouth 2 (two) times daily for 10 days Last given: January 3, 2020 9:16 PM					
ibuprofen 800 MG tablet Common Name: ADVIL, MOTRIN	Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain					
rizatriptan 10 MG tablet Common Name: MAXALT	Take 1 tablet (10 mg total) by mouth once as needed for Migraine. for up to 1 dose May repeat in 2 hours if needed. Max 2/day					
* Topiramate ER 50 MG Cp24 Common Name: TROKENDI XR	Take 50 mg by mouth daily.					
* Topiramate ER 100 MG Cp24 Common Name: TROKENDI XR For diagnoses: Chronic nonintractable headache, unspecified headache type, Chronic migraine w/o aura w/o status migrainosus, not intractable	Take 100 mg by mouth daily.					

⚠ * This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

Lyme Disease Testing Information Disclosure

ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AS OF 2011 LYME DISEASE IS THE SIXTH FASTEST GROWING DISEASE IN THE UNITED STATES.

YOUR HEALTH CARE PROVIDER HAS ORDERED A LABORATORY TEST FOR THE PRESENCE OF LYME DISEASE FOR YOU. CURRENT LABORATORY TESTING FOR LYME DISEASE CAN BE PROBLEMATIC AND STANDARD LABORATORY TESTS OFTEN RESULT IN FALSE NEGATIVE AND FALSE POSITIVE RESULTS, AND IF DONE TOO EARLY, YOU MAY NOT HAVE PRODUCED ENOUGH ANTIBODIES TO BE CONSIDERED POSITIVE BECAUSE YOUR IMMUNE RESPONSE REQUIRES TIME TO DEVELOP ANTIBODIES. IF YOU ARE TESTED FOR LYME DISEASE, AND THE RESULTS ARE NEGATIVE, THIS DOES NOT NECESSARILY MEAN YOU DO NOT HAVE LYME DISEASE. IF YOU CONTINUE TO EXPERIENCE SYMPTOMS, YOU SHOULD CONTACT YOUR HEALTH CARE PROVIDER AND INQUIRE ABOUT THE APPROPRIATENESS OF RETESTING OR ADDITIONAL TREATMENT.

Notice of Non-Discrimination

As a recipient of federal financial assistance, Inova Health System ("Inova") does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities.

This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, and regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at 45 C.F.R. Parts 80, 84, 91 and 92, respectively.

Inova:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, please let our staff know of your needs for effective communication.

If you believe that Inova has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling 703.205.2175. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Relations staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201 1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Interpreter Services are available at no cost to you.

Please let our staff know of your needs for effective communication.

Spanish	Atención: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Por favor infórmele a nuestro personal sobre sus necesidades para lograr una comunicación efectiva.
Korean	알려드립니다: 귀하가 한국어를 구사한다면 무료 언어 도움 서비스가 가능합니다. 효과적인 의사전달을 위해 필요한 것이 있다면 저희 실무자에게 알려주시기 바랍니다.
Vietnamese	Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí cho quý vị sử dụng. Xin vui lòng thông báo cho nhân viên biết nhu cầu của quý vị để giao tiếp hiệu quả hơn.
Chinese	注意: 如果你說中文, 可以向你提供免費語言協助服務。請讓我們的員工了解你的需求以進行有效溝通。
Arabic	انتباه: إذا كنت تتحدث العربية، تتوفر الخدمات المجانية للمساعدة في اللغة. يرجى إعلام فريق العمل باحتياجاتك من أجل الحصول على عملية تواصل فعالة.
Tagalog	Atensyon: Kung nagsasalita ka ng Tagalog, mayroong magagamit na mga libreng serbisyonang tulong sa wika para sa iyo. Mangyaring ipaalam sa aming mga kawani ang iyong mga pangangailangan para sa epektibong komunikasyon.
Farsi	توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم خواهد بود. به منظور برقراری ارتباط موثر، کارکنان ما را از نیازهای خود مطلع کنید.
Amharic	ታስታውሰው: ለሚናገሩ ከሆነ ለእርሳዎ የቅንቁ ድጋፍ ለማልግለጽ የሚችሉ ከከፍተኛ በነጻ ይቀርባል። ውጤታዊ የሆነ ኮሚውኒኬሽን የሚፈልጉ ከሆነ ለራሳችን አንዲያውቅ ይደርጉ!!
Urdu	توجه: اگر آپ اردو بولتے ہیں تو، زبان امداد خدمات، مفت ہیں۔ آپ کو دستیاب ہیں۔ موثر مواصلت کے لیے برائے مہربانی ہمارے عملہ کو اپنی ضروریات کے بارے میں بتلا دیں۔
French	Attention: Si vous parlez Français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez informer notre personnel de vos besoins pour assurer une communication efficace.
Russian	Внимание: Если вы говорите на русском языке, для вас доступны бесплатные услуги помощи с языком. Для эффективной коммуникации, пожалуйста, дайте персоналу знать о ваших потребностях.
Hindi	कृपया ध्यान दें : यदि आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवा उपलब्ध है। कृपया प्रभावी संचार-संपर्क हेतु अपनी आवश्यकताओं के बारे में हमारे कर्मचारियों को बताएं।
German	Achtung: Wenn Sie Deutsch sprechen, stehen kostenlose Service-Sprachdienstleistungen zu Ihrer Verfügung. Teilen Sie unserem Team bitte Ihre Wünsche für eine effektive Kommunikation mit.
Bengali	দৃষ্টি আকর্ষণ করুন : আপনি যদি বাংলা বলতে পারেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা সেবা পাওয়া যাবে। অনুগ্রহ করে কার্যকরী যোগাযোগের জন্য আপনার প্রয়োজনীয়তার বিষয়ে আমাদের কর্মীদের জানান।
Kru (Bassa)	Tò Dòuú Nòmò Dyiin Cáo: Ǫ jǔ ké n̄ d̄yi Góǵǵ-wúǵǵ (Básǵǵ-wúǵǵ) pò ní, n̄i, á b̄é d̄é gbo-kpá-kpá b̄ó wuǵu-dù-kò-kò pò-nyò b̄é b̄i n̄ á gbo b̄ó pídyi. M̄ d̄yi d̄é d̄ò m̄n̄ n̄ á gbo ní, n̄ m̄ nyuē b̄é á kùá-nyò b̄é k̄é d̄yi d̄yuo, k̄é á k̄é m̄n̄ k̄é muē j̄é c̄in n̄m̄ d̄yiin.
Ibo	Nrụbama: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dịrị ị. Biko mee ka ndị ọrụ anyị mara mkpa ị maka nkwekọrịta ga-aga n'ike oma.
Yoruba	Akiyesi: Bí ó bá n sọ Yoruba, awọn iṣẹ iranlọwọ ede wa l'ofe fun ọ. Jọwọ jẹ kí ara ibiṣe wa mọ nipa awọn aini rẹ fun ibaraenisọrọ ti o munadoko.



Our patients are the reason for all we do: we want to improve and you can help! You may receive a survey asking about your visit – this will come from Inova through postal mail or via email from our survey vendor. Please take the time to complete it; your valuable input will be used to recognize exceptional members of the care team and improve the quality of our service. Thank you!

Patient Signature: _____ Date and Time: _____

Responsible Adult: _____ Date and Time: _____

Nurse Signature: _____ Date: _____

CDC Recommendations to Prepare for COVID-19

Stay home if you are sick. Stay home if you have symptoms of a fever, cough, or shortness of breath. If a member of your household is sick, stay home from school and work to avoid spreading COVID-19 to others.

- If your children are in the care of others, urge caregivers to watch for COVID-19 symptoms.

Continue practicing everyday preventive actions. Cover coughs and sneezes with a tissue and wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains 60% alcohol. Clean frequently touched surfaces and objects daily using a regular household detergent and water.

Use the separate room and bathroom you prepared for sick household members (if possible). Avoid sharing personal items like food and drinks. Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others. Clean the sick room and bathroom, as needed, to avoid unnecessary contact with the sick person.

- If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection. For disinfection, a list of products with EPA-approved emerging viral pathogens claims, maintained by the CDC (See CDC website for more information). Always follow the manufacturer's instructions for all cleaning and disinfection products.

Stay in touch with others by phone or email. If you live alone and become sick during a COVID-19 outbreak, you may need help. If you have a chronic medical condition and live alone, ask family, friends, and health care providers to check on you during an outbreak. Stay in touch with family and friends with chronic medical conditions.

Name: Zackary E Sanders | DOB: 2/16/1995 | MRN: 02378093 | PCP: PCP None, MD

Appointment Details

Notes

Notes From Your Visit

Rahul H Dave, MD PhD at 1/23/2020 3:40 PM

Status: Addendum

CC: recurrent optic neuritis

HPI:

History was obtained from patient,

24 y.o. year-old male with sinus infection, then developed right eye pain on movement with blurred vision x 2 days (spontaneous resolution). The next day, he developed left eye optic neuritis on 12/26, blurred vision with pain on movement x 1 week. He saw his optometrist who noted evidence of optic neuritis (papilledema and left APD). The optometrist performed an OCT and referred patient to the ER. He was admitted at Fairfax Hospital, received 3 days of IV Solu-Medrol and discharged.

He has persistent left eye blurred vision, with "swelling sensation" in the eye with abnormal color. Worse with activity. Course is persistent. Not improving, but not worsening. He saw an ophthalmologist at Hopkins who recommended interval follow-up but no further work-up.

He has migraine headaches, occurring up to 2x a week. He has Maxalt for control of migraines.

Review of Previous records reveals:

Hopkins 1/21/20- no acute optic nerve swelling. Fundus photography was performed. Unclear if OCT was performed.

Past Medical, Surgical, Social, Family History: Per Epic. Reviewed and updated. Also see scanned in sheet that accompanies this record (which was reviewed prior to scanning)

Med / Surg: has a past medical history of Migraine.

Soc: reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use of about 2.0 standard drinks of alcohol per week. He reports that he does not use drugs.

Fam: Noncontributory

Review of Systems

Constitutional: Negative for fatigue.

Eyes: Positive for **visual disturbance**. Negative for photophobia.

Sanders_009

Gastrointestinal: Negative for constipation.
Genitourinary: Negative for frequency and urgency.
Neurological: Positive for **headaches**.
Psychiatric/Behavioral: Negative for dysphoric mood.

All other systems reviewed and negative except as noted above

Meds:

Medication list below signature; changes in A/P section

EXAM:

Visit Vitals

BP	137/84 (BP Site: Left arm, Patient Position: Sitting)
Pulse	90
Resp	14
Ht	1.727 m (5' 8")
Wt	109.8 kg (242 lb)
BMI	36.80 kg/m ²

Respiratory rate normal

General: Well developed and well nourished in no acute distress. There is no icterus or cyanosis or pedal edema. Peripheral pulses are intact.

Heart S1 S2 RRR

Lungs clear without wheezes

Abdomen soft, not tender

Skin: no rashes on extremities or joint swelling

Neck: not tender, normal ROM

Fundo: sharp disc bilaterally. No pallor bilaterally.

Psychiatric. Cooperative. Thought content and process normal. Mood good. Affect congruent.

Mental Status: The patient was awake, alert, appeared oriented and was appropriate. Speech was fluent and the patient followed commands well. Attention, concentration, and memory and fund of knowledge appeared appropriate for age and education.

Cranial Nerves: Pupils were equally round and reactive to light bilaterally. Extraocular movements were intact without nystagmus. Hearing was intact to conversational speech.

Face was symmetric. Tongue appeared midline.

Left eye red desaturation. Left eye apd

Motor: grossly 5/5 throughout. Bulk appeared normal for body habitus. No obvious tremor noted.

Reflex: 2+ throughout

Sensation: light touch was grossly intact.

Coordination: Finger to nose testing was intact without dysmetria.

Gait: Normal and steady.

Imaging (my summary based on personal review of images). Auto-imported reports below my signature
MRI brain & C spine negative

Testing (EMG/NCS, EKG, EEG, Echo, Evoked potentials) - my summary
VEP ordered
OCT- borderline thinning bilateral eyes.

Labs- below my signature

ASSESSMENT / PLAN

Follow up in 1 month

New to me.

1. **Recurrent optic neuritis, high risk condition see differential below**
2. Blurred vision, left eye, persistent. Moderate severity.
3. Subacute sinusitis, unspecified location
4. Migraine with aura and without status migrainosus, not intractable

24-year-old man with recurrent optic neuritis, 1 time in each eye. Differential includes
- Inflammatory disorders: NMO, MOG, multiple sclerosis or rheumatologic process or sarcoid

-Infections: Viral, fungal or mycobacterial. Test for these.

I will order lab work, CT chest and MRI T-spine to evaluate for the above conditions.

If the lab work is negative, then he will require lumbar puncture. We discussed this possibility. He told me that "he does not like needles".

Another possibility, if lab work is negative, is a genetic condition such as Leber's optic neuropathy.

At present, given the lack of papilledema, acute worsening and the fact that he is 1 month status post start of symptoms, I do not think that he will gain much benefit by admission for IV steroids. I would note that the OCT findings do show mild thinning, but is relatively out of proportion to his complaints. **I will perform a visual evoked potential. If there is evidence of ongoing acute optic neuritis, then he may benefit from IV steroids.**

Orders Placed This Encounter

Procedures

- CT Chest W Contrast
- MRI Thoracic Spine W WO Contrast
- Zinc
- Myeloperoxidase Antibody
- Copper, serum
- C Reactive Protein
- Sedimentation rate (ESR)
- Hepatitis B core antibody, total
- Hepatitis B (HBV) Surface Antibody Quant
- Hepatitis B (HBV) Surface Antigen
- Hepatitis C (HCV) antibody, Total
- HIV Ag/Ab 4th generation

- Proteinase-3 Antibody
- Quantiferon(R) - TB Gold Plus
- Rheumatoid factor
- TSH
- T4, Total
- Miscellaneous Lab Test
- Miscellaneous Lab Test
- Cytomegalovirus antibody, IgM
- Epstein-Barr virus VCA, IgM
- Varicella Zoster (VZV) antibody, IgM
- Fungitell(R) (1.3)-B-D Glucan Assay
- Fungal Antibody Panel, Serum
- Arbovirus panel, IgM
- Prothrombin time/INR
- APTT
- CBC and differential
- Vitamin D,25 OH, Total
- Cyclic citrul peptide antibody, IgG
- Visual evoked potential test (95930)

No orders of the defined types were placed in this encounter.

PATIENT INSTRUCTIONS PROVIDED

Patient was given an "After Visit Summary" with a copy of the testing orders, medications and the following other instructions:

Patient Instructions

MRI

Fairfax (FRC) Radiology

Any location with "3T MRI"

Newest location in Ballston is "wide bore" and is more comfortable

<https://www.fairfaxradiology.com/>

703-698-4488

Inova Imaging Center – Fair Oaks

A service of Inova Fair Oaks Hospital

3620 Joseph Siewick Drive

Suite 105

Fairfax, VA 22033

[703-391-4170](tel:7033914170)

Call (703) 970-6619 - direct voice message line

Mychart message

REFERRING

see communications section

Please contact me with any questions. Patients and Inova Providers can reach me via MyChart.



Rahul Dave, MD PHD
Director, Neuroimmunology & MS Center
Inova Neurology and Inova Fairfax-VCU College of Medicine
Voicemail (703) 970-6619
Main Line: (703) 280-1234 Fax (703) 280-1235

1. Recurrent optic neuritis

ICD-10-
CM

H46.9

Zinc
Myeloperoxidase Antibody
Copper, serum
C Reactive Protein
Sedimentation rate (ESR)
Hepatitis B core antibody, total
Hepatitis B (HBV) Surface
Antibody Quant
Hepatitis B (HBV) Surface
Antigen
Hepatitis C (HCV) antibody, Total
HIV Ag/Ab 4th generation
Proteinase-3 Antibody
Quantiferon(R) - TB Gold Plus
Rheumatoid factor
TSH
T4, Total
Miscellaneous Lab Test
Miscellaneous Lab Test
Cytomegalovirus antibody, IgM
Epstein-Barr virus VCA, IgM
Varicella Zoster (VZV) antibody,
IgM
Fungitell(R) (1.3)-B-D Glucan
Assay
Fungal Antibody Panel, Serum
Arbovirus panel, IgM
CT Chest W Contrast
Visual evoked potential test
(95930)
Prothrombin time/INR
APTT
CBC and differential
Prothrombin time/INR
APTT
CBC and differential
Vitamin D,25 OH, Total
Vitamin D,25 OH, Total
Cyclic citrul peptide antibody,
IgG
MRI Thoracic Spine W WO
Contrast

Sanders_013

2. Blurred vision, left eye	H53.8	Zinc
		Myeloperoxidase Antibody
		Copper, serum
		C Reactive Protein
		Sedimentation rate (ESR)
		Hepatitis B core antibody, total
		Hepatitis B (HBV) Surface Antibody
		Quant
		Hepatitis B (HBV) Surface Antigen
		Hepatitis C (HCV) antibody, Total
		HIV Ag/Ab 4th generation
		Proteinase-3 Antibody
		Quantiferon(R) - TB Gold Plus
		Rheumatoid factor
		TSH
		T4, Total
		Miscellaneous Lab Test
		Miscellaneous Lab Test
		Cytomegalovirus antibody, IgM
		Epstein-Barr virus VCA, IgM
		Varicella Zoster (VZV) antibody, IgM
		Fungitell(R) (1.3)-B-D Glucan Assay
		Fungal Antibody Panel, Serum
		Arbovirus panel, IgM
		CT Chest W Contrast
		Visual evoked potential test (95930)
		Prothrombin time/INR
		APTT
		CBC and differential
		Prothrombin time/INR
		APTT
		CBC and differential
		Vitamin D,25 OH, Total
		Vitamin D,25 OH, Total
		Cyclic citrul peptide antibody, IgG
		MRI Thoracic Spine W WO Contrast
3. Subacute sinusitis, unspecified location	J01.90	Zinc
		Myeloperoxidase Antibody
		Copper, serum
		C Reactive Protein
		Sedimentation rate (ESR)
		Hepatitis B core antibody, total
		Hepatitis B (HBV) Surface Antibody
		Quant
		Hepatitis B (HBV) Surface Antigen
		Hepatitis C (HCV) antibody, Total
		HIV Ag/Ab 4th generation
		Proteinase-3 Antibody
		Quantiferon(R) - TB Gold Plus
		Rheumatoid factor
		TSH
		T4, Total
		Miscellaneous Lab Test

Sanders_014

Miscellaneous Lab Test
Cytomegalovirus antibody, IgM
Epstein-Barr virus VCA, IgM
Varicella Zoster (VZV) antibody, IgM
Fungitell(R) (1.3)-B-D Glucan Assay
Fungal Antibody Panel, Serum
Arbovirus panel, IgM
CT Chest W Contrast
Visual evoked potential test (95930)
Prothrombin time/INR
APTT
CBC and differential
Prothrombin time/INR
APTT
CBC and differential
Vitamin D,25 OH, Total
Vitamin D,25 OH, Total
Cyclic citrul peptide antibody, IgG
MRI Thoracic Spine W WO Contrast

4. Migraine with aura and without status migrainosus, not intractable G43.109

EMR-imported Information

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• fluticasone-salmeterol (ADVAIR HFA) 115-21 MCG/ACT inhaler	Inhale 2 puffs into the lungs 2 (two) times daily		
• ibuprofen (ADVIL,MOTRIN) 800 MG tablet	Take 1 tablet (800 mg total) by mouth every 8 (eight) hours as needed for Pain	12 tablet	0
• meloxicam (MOBIC) 15 MG tablet	Take 15 mg by mouth daily		
• rizatriptan (MAXALT) 10 MG tablet	Take 1 tablet (10 mg total) by mouth once as needed for Migraine.for up to 1 dose May repeat in 2 hours if needed. Max 2/day	12 tablet	5
• [DISCONTINUED] guaifENesin-codeine (ROBITUSSIN W CODEINE) 100-10 MG/5ML syrup	Take 5 mLs by mouth nightly as needed for Cough	120 mL	0
• [DISCONTINUED] methylPREDNISolone (MEDROL DOSPACK) 4 MG tablet	follow package directions	1 tablet	0

No current facility-administered medications on file prior to visit.

Imaging & Testing Reports

Radiology Results (39 wks)

Procedure	Component	Value	Units	Date/Time
MRI Brain W WO Contrast [556690779]				Collected: 01/02/202051
Order Status: Completed				Updated: 01/02/20 2118
Narrative:				

Sanders_015

Procedure	Component	Value	Units	Date/Time
CLINICAL HISTORY: Left-sided vision loss.				

TECHNIQUE: On a 3 Tesla system, the brain was imaged utilizing multiple pulse sequences in orthogonal planes both before and after the administration of intravenous gadolinium. 10 cc of Gadavist was administered. A demyelinating protocol was utilized for this examination.

Comparison is made to CT of the brain dated 01/02/2020.

FINDINGS:

The brain parenchyma is normal in appearance. No focal signal abnormalities are noted. No intracranial hemorrhage, midline shift or mass-effect is demonstrated. The corpus callosum and middle cerebellar peduncles are unremarkable. No extra-axial fluid collections or pathologic enhancement is present. The expected venous and arterial flow-voids are present.

The orbital contents are unremarkable. There is pansinusitis with subtotal opacification of the maxillary sinuses and sphenoid sinuses as well as patchy opacification of the ethmoid air cells. There is left frontal sinus opacification. The mastoid air cells are clear.

Impression:

1. Pansinusitis.
2. Otherwise, unremarkable enhanced MR evaluation of the brain.

Nandini Patel, MD
1/2/2020 9:14 PM

MRI Cervical Spine W WO Contrast [556690780]

Collected: 01/02/20
2058

Order Status: Completed

Updated: 01/02/20 2109

Narrative:

CLINICAL HISTORY: Left-sided visual loss.

TECHNIQUE: On a 3 Tesla system, the cervical spine was imaged in the sagittal and axial planes using T1 and T2-weighted images before and after the administration of contrast. 10 cc of Gadavist was administered.

No prior for comparison.

FINDINGS:

There is preservation of the normal cervical lordosis. The vertebral body heights are maintained. The marrow signal is unremarkable. Both vertebral arteries demonstrate normal flow-related signal loss.

The cervicomedullary junction is normal. No tonsillar ectopia is present. The cervical cord is normal in caliber and signal intensity. No central stenosis or foraminal encroachment. The facets are unremarkable.

Postcontrast imaging demonstrates no pathologic enhancement.

Impression:

Sanders_016

Procedure	Component	Value	Units	Date/Time
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1. No acute abnormality identified.

Nandini Patel, MD

1/2/2020 9:05 PM

CT Head WO Contrast [556690776]

Collected: 01/02/20

1702

Order Status: Completed

Updated: 01/02/20 1709

Narrative:

INDICATION: Rule out increased intracranial pressure. Vision changes.

TECHNIQUE: Axial noncontrast CT imaging through the head performed, with sagittal and coronal reformats reviewed.

The following dose reduction techniques were utilized: automated exposure control and/or adjustment of the mA and/or kV according to patient size, and the use of iterative reconstruction technique.

COMPARISON: None available.

FINDINGS:

No acute intracranial hemorrhage. No intracranial mass, mass effect or midline shift. The ventricles are within normal size limits. Gray-white matter differentiation is maintained. The posterior fossa is unremarkable.

The orbits are unremarkable. Patchy mucosal thickening and scattered fluid levels throughout the paranasal sinuses. The mastoid air cells are clear. The skull base and calvarium are intact.

Impression:

No CT evidence of acute intracranial abnormality.

Mucosal thickening and fluid opacification throughout the paranasal sinuses. Correlate clinically concern for acute sinusitis, versus history of recent intubation.

Oluwatoyin T Idowu, MD

1/2/2020 5:05 PM

CT Lumbar Spine without Contrast [471353773]

Collected: 11/16/19

1937

Order Status: Completed

Updated: 11/16/19 1944

Narrative:

CLINICAL HISTORY: 24-year-old male patient with low back pain. Felt a pop. No described radiculopathy.

EXAM: Small field-of-view axial images of the lumbar spine were acquired without contrast. Coronal and sagittal reconstructions were provided.

This CT study was performed using radiation dose reduction techniques including one or more of the following: automated exposure control, adjustment of the mA and/or kV according to patient size, and the use of iterative reconstruction technique.

No prior for comparison.

FINDINGS:

Sanders_017

Procedure	Component	Value	Units	Date/Time
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The lumbar spine is normally aligned on both the coronal and sagittal reconstructions. The vertebral body heights are maintained. The facets are well aligned bilaterally. The central canal contents are unremarkable within the limits of this modality. There is mild disc space narrowing at L5-S1. The intervertebral disc space heights are otherwise well-maintained. No large lateralizing disc herniation is seen. There is midline annular bulging and central disc protrusions at L4-5 and L5-S1. Symmetric degenerative changes are seen along the sacroiliac joints including marginal sclerosis and vacuum phenomenon.

Impression:

No acute lumbar vertebral fracture, compression deformity or traumatic malalignment.

Christian Muller, MD
11/16/2019 7:40 PM

Results for orders placed or performed during the hospital encounter of 01/02/20
MRI Brain W WO Contrast

Narrative
CLINICAL HISTORY: Left-sided vision loss.

TECHNIQUE: On a 3 Tesla system, the brain was imaged utilizing multiple pulse sequences in orthogonal planes both before and after the administration of intravenous gadolinium. 10 cc of Gadavist was administered. A demyelinating protocol was utilized for this examination.

Comparison is made to CT of the brain dated 01/02/2020.

FINDINGS:

The brain parenchyma is normal in appearance. No focal signal abnormalities are noted. No intracranial hemorrhage, midline shift or mass-effect is demonstrated. The corpus callosum and middle cerebellar peduncles are unremarkable. No extra-axial fluid collections or pathologic enhancement is present. The expected venous and arterial flow-voids are present.

The orbital contents are unremarkable. There is pansinusitis with subtotal opacification of the maxillary sinuses and sphenoid sinuses as well as patchy opacification of the ethmoid air cells. There is left frontal sinus opacification. The mastoid air cells are clear.

Impression

- 1. Pansinusitis.
- 2. Otherwise, unremarkable enhanced MR evaluation of the brain.

Nandini Patel, MD
1/2/2020 9:14 PM

CT Head WO Contrast
Narrative

INDICATION: Rule out increased intracranial pressure. Vision changes.

TECHNIQUE: Axial noncontrast CT imaging through the head performed, with sagittal and coronal reformats reviewed.

The following dose reduction techniques were utilized: automated exposure control and/or adjustment of the mA and/or kV according to patient size, and the use of iterative reconstruction technique.

COMPARISON: None available.

FINDINGS:

No acute intracranial hemorrhage. No intracranial mass, mass effect or midline shift. The ventricles are within normal size limits. Gray-white matter differentiation is maintained. The posterior fossa is unremarkable.

The orbits are unremarkable. Patchy mucosal thickening and scattered fluid levels throughout the paranasal sinuses. The mastoid air cells are clear. The skull base and calvarium are intact.

Impression

No CT evidence of acute intracranial abnormality.

Mucosal thickening and fluid opacification throughout the paranasal sinuses. Correlate clinically concern for acute sinusitis, versus history of recent intubation.

Oluwatoyin T Idowu, MD
1/2/2020 5:05 PM

Labs and EKG: (Orders below)

Office Visit on 01/11/2020

Component	Date	Value	Ref Range	Status
• POCT QC	01/11/2020	Pass		Final
• POCT Rapid Influenza A AG	01/11/2020	Negative	Negative	Final
• POCT Rapid Influenza B AG	01/11/2020	Positive*	Negative	Final

Admission on 01/02/2020, Discharged on 01/04/2020

Component	Date	Value	Ref Range	Status
• WBC	01/02/2020	9.12	3.10 - 9.50 x10 ³ /uL	Final
• Hgb	01/02/2020	15.7	12.5 - 17.1 g/dL	Final
• Hematocrit	01/02/2020	46.2	37.6 - 49.6 %	Final
• Platelets	01/02/2020	461*	142 - 346 x10 ³ /uL	Final
• RBC	01/02/2020	5.36	4.20 - 5.90 x10 ⁶ /uL	Final
• MCV	01/02/2020	86.2	78.0 - 96.0 fL	Final
• MCH	01/02/2020	29.3	25.1 - 33.5 pg	Final
• MCHC	01/02/2020	34.0	31.5 - 35.8 g/dL	Final
• RDW	01/02/2020	12	11 - 15 %	Final
• MPV	01/02/2020	10.2	8.9 - 12.5 fL	Final
• Neutrophils	01/02/2020	63.4	None %	Final
• Lymphocytes Automated	01/02/2020	25.5	None %	Final
• Monocytes	01/02/2020	8.1	None %	Final
• Eosinophils Automated	01/02/2020	1.9	None %	Final
• Basophils Automated	01/02/2020	0.4	None %	Final
• Immature Granulocyte	01/02/2020	0.7	None %	Final
• Nucleated RBC	01/02/2020	0.0	0.0 - 0.0 /100 WBC	Final

Sanders_019

• Neutrophils Absolute	01/02/2020	5.78	1.10 - 6.33 x10 ³ /uL	Final
• Abs Lymph Automated	01/02/2020	2.33	0.42 - 3.22 x10 ³ /uL	Final
• Abs Mono Automated	01/02/2020	0.74	0.21 - 0.85 x10 ³ /uL	Final
• Abs Eos Automated	01/02/2020	0.17	0.00 - 0.44 x10 ³ /uL	Final
• Absolute Baso Automated	01/02/2020	0.04	0.00 - 0.08 x10 ³ /uL	Final
• Absolute Immature Granulocyte	01/02/2020	0.06	0.00 - 0.07 x10 ³ /uL	Final
• Absolute NRBC	01/02/2020	0.00	0.00 - 0.00 x10 ³ /uL	Final
• Glucose	01/02/2020	93	70 - 100 mg/dL	Final

Comment: ADA guidelines for diabetes mellitus:

Fasting: Equal to or greater than 126 mg/dL

Random: Equal to or greater than 200 mg/dL

• BUN	01/02/2020	10.0	9.0 - 28.0 mg/dL	Final
• Creatinine	01/02/2020	1.0	0.7 - 1.3 mg/dL	Final
• Sodium	01/02/2020	139	136 - 145 mEq/L	Final
• Potassium	01/02/2020	4.4	3.5 - 5.1 mEq/L	Final
• Chloride	01/02/2020	102	100 - 111 mEq/L	Final
• CO2	01/02/2020	25	22 - 29 mEq/L	Final
• Calcium	01/02/2020	10.1	8.5 - 10.5 mg/dL	Final
• Protein, Total	01/02/2020	8.1	6.0 - 8.3 g/dL	Final
• Albumin	01/02/2020	4.1	3.5 - 5.0 g/dL	Final
• AST (SGOT)	01/02/2020	23	5 - 34 U/L	Final
• ALT	01/02/2020	45	0 - 55 U/L	Final
• Alkaline Phosphatase	01/02/2020	60	38 - 106 U/L	Final
• Bilirubin, Total	01/02/2020	0.3	0.2 - 1.2 mg/dL	Final
• Globulin	01/02/2020	4.0*	2.0 - 3.6 g/dL	Final
• Albumin/Globulin Ratio	01/02/2020	1.0	0.9 - 2.2	Final
• EGFR	01/02/2020	>60.0		Final

Comment: Disease State Reference Ranges:

Chronic Kidney Disease; < 60 ml/min/1.73 sq.m

Kidney Failure; < 15 ml/min/1.73 sq.m

[Calculated using IDMS-Traceable MDRD equation (based on gender, age and black vs. non-black race) recommended by National Kidney Disease Education Program. No data available for non-white, non-black race.]

GFR estimates are unreliable in patients with:

*Rapidly changing kidney function or recent dialysis
Extreme age, body size or body composition (obesity, severe malnutrition). Abnormal muscle mass (limb amputation, muscle wasting). In these patients, alternative determinations of GFR should be obtained.*

• Glucose	01/03/2020	144*	70 - 100 mg/dL	Final
<i>Comment: ADA guidelines for diabetes mellitus:</i>				
<i>Fasting: Equal to or greater than 126 mg/dL</i>				
<i>Random: Equal to or greater than 200 mg/dL</i>				

• BUN	01/03/2020	12.0	9.0 - 28.0 mg/dL	Final
• Creatinine	01/03/2020	1.0	0.7 - 1.3 mg/dL	Final
• Sodium	01/03/2020	138	136 - 145 mEq/L	Final
• Potassium	01/03/2020	4.7	3.5 - 5.1 mEq/L	Final
• Chloride	01/03/2020	105	100 - 111 mEq/L	Final
• CO2	01/03/2020	21*	22 - 29 mEq/L	Final
• Calcium	01/03/2020	10.2	8.5 - 10.5 mg/dL	Final
• Protein, Total	01/03/2020	8.1	6.0 - 8.3 g/dL	Final

• Albumin	01/03/2020	4.1	3.5 - 5.0 g/dL	Final
• AST (SGOT)	01/03/2020	24	5 - 34 U/L	Final
• ALT	01/03/2020	50	0 - 55 U/L	Final
• Alkaline Phosphatase	01/03/2020	64	38 - 106 U/L	Final
• Bilirubin, Total	01/03/2020	0.4	0.2 - 1.2 mg/dL	Final
• Globulin	01/03/2020	4.0*	2.0 - 3.6 g/dL	Final
• Albumin/Globulin Ratio	01/03/2020	1.0	0.9 - 2.2	Final
• WBC	01/03/2020	11.68*	3.10 - 9.50 x10 ³ /uL	Final
• Hgb	01/03/2020	16.1	12.5 - 17.1 g/dL	Final
• Hematocrit	01/03/2020	48.5	37.6 - 49.6 %	Final
• Platelets	01/03/2020	466*	142 - 346 x10 ³ /uL	Final
• RBC	01/03/2020	5.54	4.20 - 5.90 x10 ⁶ /uL	Final
• MCV	01/03/2020	87.5	78.0 - 96.0 fL	Final
• MCH	01/03/2020	29.1	25.1 - 33.5 pg	Final
• MCHC	01/03/2020	33.2	31.5 - 35.8 g/dL	Final
• RDW	01/03/2020	13	11 - 15 %	Final
• MPV	01/03/2020	10.5	8.9 - 12.5 fL	Final
• Neutrophils	01/03/2020	85.3	None %	Final
• Lymphocytes Automated	01/03/2020	13.1	None %	Final
• Monocytes	01/03/2020	0.8	None %	Final
• Eosinophils Automated	01/03/2020	0.0	None %	Final
• Basophils Automated	01/03/2020	0.1	None %	Final
• Immature Granulocyte	01/03/2020	0.7	None %	Final
• Nucleated RBC	01/03/2020	0.0	0.0 - 0.0 /100 WBC	Final
• Neutrophils Absolute	01/03/2020	9.97*	1.10 - 6.33 x10 ³ /uL	Final
• Abs Lymph Automated	01/03/2020	1.53	0.42 - 3.22 x10 ³ /uL	Final
• Abs Mono Automated	01/03/2020	0.09*	0.21 - 0.85 x10 ³ /uL	Final
• Abs Eos Automated	01/03/2020	0.00	0.00 - 0.44 x10 ³ /uL	Final
• Absolute Baso Automated	01/03/2020	0.01	0.00 - 0.08 x10 ³ /uL	Final
• Absolute Immature Granulocyte	01/03/2020	0.08*	0.00 - 0.07 x10 ³ /uL	Final
• Absolute NRBC	01/03/2020	0.00	0.00 - 0.00 x10 ³ /uL	Final
• PT	01/03/2020	13.6	12.6 - 15.0 sec	Final
• PT INR	01/03/2020	1.1	0.9 - 1.1	Final

Comment: Recommended Ranges for Protime INR:

2.0-3.0 for most medical and surgical thromboembolic states

2.5-3.5 for artificial heart valves

INR result may not represent exact Warfarin dosing level during the transition period from Heparin to Warfarin therapy.

Results should be interpreted based on current anticoagulant therapy and patient's clinical presentation.

• PTT	01/03/2020	26	23 - 37 sec	Final
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Comment: In vivo therapeutic range of heparin (0.3 - 0.7 IU/mL)

correlate with the following APTT times: 64 - 102 seconds.

Results should be interpreted based on current anticoagulant therapy and patient's clinical presentation.

• Magnesium	01/03/2020	1.7	1.6 - 2.6 mg/dL	Final
• EGFR	01/03/2020	>60.0		Final

Comment: Disease State Reference Ranges:

Chronic Kidney Disease; < 60 ml/min/1.73 sq.m

Kidney Failure; < 15 ml/min/1.73 sq.m

[Calculated using IDMS-Traceable MDRD equation (based on gender, age and black vs. non-black race) recommended by National Kidney Disease Education Program. No data

available for non-white, non-black race.]
 GFR estimates are unreliable in patients with:
 Rapidly changing kidney function or recent dialysis
 Extreme age, body size or body composition (obesity,
 severe malnutrition). Abnormal muscle mass (limb
 amputation, muscle wasting). In these patients,
 alternative determinations of GFR should be obtained.

• C-Reactive Protein	01/03/2020	0.5	0.0 - 0.8 mg/dL	Final
• ANA Qualitative	01/03/2020	Negative		Final
Comment: Interpretive data for ANA Qual: Specimens that are equivocal (100 - 120 u/mL) for the ANA screen or any of the other nine analytes are considered borderline (+/-) for ANA.				
• SSA	01/03/2020	9	0 - 99	Final
• SSA Interp	01/03/2020	Negative		Final
• SSB	01/03/2020	9	0 - 99	Final
• SSB Interp	01/03/2020	Negative		Final
• Sm	01/03/2020	8	0 - 99	Final
• Sm Interp	01/03/2020	Negative		Final
• ANA RNP	01/03/2020	23	0 - 99	Final
• RNP Interp	01/03/2020	Negative		Final
• Scleroderma SCL-70	01/03/2020	47	0 - 99	Final
• Scl-70 Interp	01/03/2020	Negative		Final
• Jo-1	01/03/2020	22	0 - 99	Final
• Jo-1 Interp	01/03/2020	Negative		Final
• Anti-DNA (DS) Ab Qn	01/03/2020	7	0 - 99	Final
• dsDNA Interp	01/03/2020	Negative		Final
• Centromere	01/03/2020	4	0 - 99	Final
• Centromere Interp	01/03/2020	Negative		Final
• Histone	01/03/2020	10	0 - 99	Final
• Histone Interp	01/03/2020	Negative		Final
• Angiotensin-Converting Enzyme	01/03/2020	19	16 - 85 U/L	Final
Comment: Test Performed by: Mayo Clinic Laboratories - Rochester Main Campus 200 First Street SW, Rochester, MN 55905 Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D0404292				
• Lyme AB, Total, Refl to WB(IGM)	01/03/2020	0.14	0.00 - 0.90	Final
Comment: Index Interpretation <=.90 Negative 0.91 - 1.09 Equivocal =>1.10 Positive A positive result indicates that antibodies specific to B. burgdorferi were detected. This indicates presumptive evidence of probable exposure. As recommended by the Food and Drug Administration(FDA), all samples with positive or equivocal results in a B. burgdorferi antibody screening will be tested by Western Blot. Positive or equivocal screening test results should not be interpreted as truly positive until verified as such using a supplemental assay and clinical findings.				
• Vitamin B-12	01/03/2020	424	211 - 911 pg/mL	Final

• Syphilis Screen IgG and IgM 01/03/2020 Nonreactive Final
 Comment: If Syphilis screen is Reactive and RPR is Non-Reactive, sample will be sent out for confirmation.

• TSH 01/03/2020 0.66 0.35 - 4.94 uIU/mL Final
 • DRUGU 01/03/2020 SEE BELOW Final

Comment: The following compounds were detected:
 Caffeine
 For a list of compounds and limits of detection go to:
<http://education.questdiagnostics.com/faq/FAQ101>

• ACETONE, URINE 01/03/2020 None Detected Final
 • METHANOL, URINE 01/03/2020 None Detected Final
 • ISOPROPANOL, URINE 01/03/2020 None Detected Final
 • ETHANOL, URINE 01/03/2020 None Detected Final

Comment: Volatile Limit of Detection: 5 mg/dL
 This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
 Test Performed by Quest, Chantilly,
 Quest Diagnostics Nichols Institute,
 14225 Newbrook Drive, Chantilly, VA 20151
 Patrick W Mason, M.D., Ph.D., Director of Laboratories
 (703) 802-6900, CLIA 49D0221801

• Hemolysis Index 01/03/2020 30* 0 - 18 Final
 Comment: Hemolysis index 19 - 179 = Slight Hemolysis;
 Affects K(+), Tbil(v), Dbil(v), AST(+), ALT(+)
 Mg(+), LDH(+), IRON(+)
 (+)= elevated / (-) decreased / (v) = variable

Office Visit on 12/28/2019

Component	Date	Value	Ref Range	Status
• POCT QC	12/28/2019	Pass		Final
• POCT Rapid Influenza A AG	12/28/2019	Negative	Negative	Final
• POCT Rapid Influenza B AG	12/28/2019	Negative	Negative	Final
• POCT QC	12/28/2019	Pass		Final
• POCT Infectious Mono Heterophile A*	12/28/2019	Negative		Final

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